



## Agent Pre-Approval Form

### NFIP Agent Co-Op Program

Fill out this form to receive pre-approval for reimbursement of advertising costs when using NFIP approved ad templates.

**NOTE:** One form is required for each advertisement or media campaign.

#### Agent Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Agent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

#### Media Type And Reimbursement Options

Select only one media type and reimbursement option from the list below.

Media Type	Reimbursement Option
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> 50%
<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> 25%
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> 10%
<input type="checkbox"/> Radio	

#### Ad Run Information

Newspaper Initial Run Date \_\_\_\_\_  
Publication Name \_\_\_\_\_  
Magazine Publication Date \_\_\_\_\_  
Publication Name \_\_\_\_\_  
Yellow Pages Publishing Date \_\_\_\_\_  
Radio Start and End Dates \_\_\_\_\_  
Market(s) \_\_\_\_\_  
Spot(s) to Air \_\_\_\_\_  
Estimated Cost \$

#### Trained Within The Last 12-Months

☐ Yes\*  
☐ No

\* An additional 25% reimbursement is available to trained agents. For details visit:

<http://www.floodsmart.gov/floodsmart/pages/agentonly/floodsmartagents.jsp>

Agent Signature

Date

#### To Submit for Pre-Approval

Sign this form and fax it to the NFIP Agent Co-Op Program Administrator for pre-approval at least seven business days prior to the start of your advertising program.

**Fax to** (404) 365-7499

When your request is approved you will receive a signed copy of this document from the NFIP Agent Co-Op Program Administrator.

#### To Receive Reimbursement

Mail the signed/approved copy of this document, along with other required reimbursement documentation, to the NFIP Agent Co-Op Program Administrator.

**Mail to** NFIP Agent Co-Op Program Administrator  
JWT  
10 Glenlake Parkway  
North Tower, 4th Floor  
Atlanta, GA 30328

For documentation requirements, see the Reimbursement Checklist at: [FloodSmart.gov/agentonly/reimbursementchecklist.pdf](http://FloodSmart.gov/agentonly/reimbursementchecklist.pdf)

Office Use Only

NFIP Agent Co-Op Program Administrator Approval

Date